CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL JCHER NUMBER E 2. PERSON REI JENTED 1. CIR./DIST./DIV. CODE Moussaou, Zacarias VAE6. OTHER DKT. NUMBER 4, DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 3. MAG. DKT./DEF. NUMBER 1:01-000455-001 10. REPRESENTATION TYPE
(See Instructions) 9. TYPE PERSON REPRESENTED -8. PAYMENT CATEGORY 7. IN CASE/MATTER OF (Case Name) Criminal Case Adult Defendant Felony U.S. v. Moussaoui 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to fewering of STEIDT COURT 1) 18 2332B.F -- CONSPIRACY TO KILL A U.S. CITIZEN ALEXANDRIA, VIRGINIA 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS 13. COURT ORDER Co-Counsel **⊠** O Appointing Counsel
F Subs For Federal Defender R Subs For Retainer
Y Standby Counsel **Subs For Retained Attorney** MacMahon, Edward P Subs For Panel Attorney 107 East Washington Street Middleburg VA 20118 Prior Attorney's Name: Appointment Date: Because the above-named person represented has testified under oath or has
otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the Telephone Number: attorney whose name appears in Item 12 is appointed to represent this person in this case, 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions Other (See Instructions) MI Signature of Presiding Judicial Officer or By 17/11/2001

Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. \square YES \square NO MATH/TECH ADJUSTED HOURS MATH/TECH ADJUSTED AMOUNT TOTAL AMOUNT CLAIMED ADDITIONAL REVIEW HOURS CLAIMED CATEGORIES (Attach itemization of services with dates) a. Arraignment and/or Plea 15. b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings C f. Revocation Hearings u g. Appeals Court h. Other (Specify on additional sheets) TOTALS: (Rate per hour = \$ a. Interviews and Conferences 16. O u t b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time C o u e. Investigative and Other work (Specify on additional sheets) TOTALS: (Rate per hour = \$ (lodging, parking, meals, mileage, etc.) 17. Travel Expenses (other than expert, transcripts, etc.) Other Expenses 18. 21. CASE DISPOSITION 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO Have you previously applied to the court for compensation and/or remimbursement for this case?

Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source representation?

YES NO If yes, were you paid?
OTHER SOURCE S 22. CLAIM STATUS ☐ YES aurce in connection with this I swear or affirm the truth or correctness of the above statements. Date: Signature of Attorney: 27. TOTAL AMT. APPR / CERT 26. OTHER EXPENSES 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 23. IN COURT COMP. 28a. JUDGE / MAG. JUDGE CODE DATE 28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER 33. TOTAL AMT. APPROVED 32. OTHER EXPENSES 31. TRAVEL EXPENSES 30. OUT OF COURT COMP. 29. IN COURT COMP. 34a. JUDGE CODE SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount. DATE